
COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original ☐ design
☐ supplemental
☐ national stage of PCT

☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

ELECTRONIC HIGH INTENSITY DISCHARGE LAMP DRIVER

SPECIFICATION IDENTIFICATION

the specification of which:

- (a) ☒ is attached hereto.
(b) ☐ was filed on _____ as ☐ Serial No. _____
(c) ☐ was described and claimed in PCT International Application
No. _____ filed on _____ and
as amended under PCT Article 19 on _____ (if any).

PRIOR FILED PROVISIONAL APPLICATION

☐ THIS APPLICATION CLAIMS THE BENEFIT AND IS A FOLLOW-UP FILING TO THE FOLLOWING PROVISIONAL APPLICATION:

SERIAL NO.:
FILING DATE:

CERTIFICATE OF MAILING

I hereby certify that this paper or fee (along with any paper referred to as being attached or enclosed) is being deposited on the date shown below with the United States Postal Service in an envelope addressed to: Mail Stop Patent Application Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

- ☐ 37 CFR 1.8(a)
with sufficient postage as first class mail.
☐ 37 CFR 1.10
as "Express Mail Post Office to Addressee"
Mailing label no.: EL 741138833 US

Date: October 22, 2003



Mary Kim

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

PRIORITY CLAIM (35 U.S.C. § 119)

☐ I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S):

COUNTRY (OR INDICATE IF PCT)	APPLICATION NO.	DATE OF FILING (DD/MM/YY)	PRIORITY CLAIMED UNDER 37 USC 119
NONE			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

CHARLES C.H. WU, REG. NO. 39,081

☐ SEE ATTACHMENT FOR ADDITIONAL ATTORNEY(S) AND / OR AGENTS

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE (S)

Full name of sole or first inventor:

FU-LING HUNG
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature Fu Ling Hung
Date: 10-10-2003 Country of Citizenship PEOPLE'S REPUBLIC OF CHINA

Residence and Post Office Address:
11311 Slater Avenue
Fountain Valley, California 92708

Full name of second joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature _____
Date _____ Country of Citizenship _____

Residence and Post Office Address:

Full name of third joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature _____
Date _____ Country of Citizenship _____

Residence and Post Office Address:

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

- ☐ Signature for fourth and subsequent joint inventors.
Number of pages added: _____
- ☐ Signature by administrator(trix), executor(trix) or legal
representative for deceased or incapacitated inventor.
Number of pages added _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by
person authorized under 37 CFR 1.47.
Number of pages added: _____
- ☐ Added pages to combined declaration and power of attorney for
divisional, continuation, or continuation-in-part (CIP) application.
Number of pages added _____
- ☐ Authorization of attorney(s) to accept and follow instructions from
representative

☒ This declaration ends with this page.